

CLAIMS ONLY

Application Number

10/511.372

.. Filling Date

Applicant(s)

| CLAIMS | AS FILED 8/29/17 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------|---------------------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Claims | 4 | | | | | |

| May be used for additional claims or amendments | | | | | | |
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